24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (S

Schedule E)				PAGE 1 FOR SE OF F	OF 3 FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION	NUMBER ▼
House Majority PAC				C C00495028	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	- M / D - D /	Y Y Y Y Y
Full Name of Payee Chism Strategies			Date of	of Public Distribution/D	issemination
				03 / 10 /	2014
Mailing Address 2906 N State St			Amou	nt	
Ste 302 City	State	Zip Code			1200.00
Jackson	MS	39216-4233		action ID : VN7GD9RI	KB6
Purpose of Expenditure Automated Calls - Estimate		Category/ Type		M / D D /	Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: X House D	istrict: 13
Alex Sink		Oppose	Preside	ent Senate	State: FL
Calendar Year-To-Date Per Election for Office Sought	9	91270.93	Disbursemen 2014 X o	,	General ecial General
Full Name of Payee			Date	of Public Distribution/D	issemination
Chism Strategies			IV.	03 / 11 /	2014
Mailing Address 2906 N State St			Amou	nt	
Ste 302	State	Zip Code			1200.00
Jackson	MS	39216-4233		ction ID : VN7GD9RF of Disbursement or Ob	KF8
Purpose of Expenditure Automated Calls - Estimate		Category/ Type		M / D D /	Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sough	t: X House D	istrict:13
Alex Sink		Oppose	Preside	ent Senate	State: FL
Calendar Year-To-Date Per Election for Office Sought		991270.93	Disbursemen 2014		General ecial General
(a) SUBTOTAL of Itemized Independent Expenditures.					2400.00
(2) 20212112 21 112122 11222 11222				7 7	2100.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· •		
(c) TOTAL Independent Expenditures			•	7 1 7	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized				
Nicholas Pancrazio	[Electron	cally Filed] Date	03	11 2014	Y = Y
Signature					